

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

RECEIVED
41 G.D. DATE TIME STAMP
OFFICE OF THE SENATE
17 SEP 19 PM 4:54

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Aimee Grace

Employing Office/Committee: Schatz

Private Sponsor(s) (List all): American Telemedicine Association

Travel Date(s): April 24-25, 2017

Description/Title of Attached Forms: Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission
must be amended with the Office of Public Records in SH-232.

9/19/17.
(Date)

A. Grace
(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

SECRETARY OF THE SENATE

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

17 MAY 23 PM 5:00

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original Employee Pre-Travel Authorization (Form RE-1), AND
☐ A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): American Telemedicine Association

Travel date(s): April 24-25, 2017

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount	\$324.34	\$154.66	\$150.00 \$275	\$500 - Registration Fee

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): Please see attached.

5/17/17
(Date)

Aimee M. Grace
(Printed name of traveler)

Aimee M. Grace
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

5/23/17
(Date)

Brian Scher
(Signature of Supervising Senator/Officer)